

EXHIBIT B

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January 2, 2020

Mr. David C. McCue
McCue-Pauley & Associates, P.C.
15150 Preston Road, Suite 200
Dallas, Texas 75248

Re: Civil Action No. 4:18-cv-00615-ALM; Barbara Meier, et al v. UHS of Delaware, Inc., et al; In the U.S District court for the Eastern District of Texas Sherman Division.

Dear Mr. McCue:

You have requested that I review various materials and provide my expert medical opinion from the viewpoint of an inpatient psychiatrist concerning the role played by Dr. Faheem in the treatment of Madison Hough, Barbara Meier and Sandra Stokes while working as an inpatient psychiatrist at Mayhill Hospital.

Upon reviewing the documents listed below, I have concluded that the care provided by Dr. Faheem for Barbara Meier, Madison Hough and Sandra Stokes was within the standard of care. Her clinical decisions regarding the care of these patients were the same as any inpatient psychiatrist would have made in those circumstances.

My opinion is mainly based on these facts: all three patients met the criteria of inpatient psychiatric care which are usually danger to self, danger to others, or gravely ill patient. With the case of Madison Hough, she was a danger to self based on her intentional overdose of ibuprofen. I am calling it an overdose based on the following facts: she took a significantly larger dose of ibuprofen by her own account (10 to 15 pills); she did not count the pills. She told EMS she tried to hurt herself. During her subsequent care at Mayhill, Dr. Faheem evaluated Madison Hough. Dr Faheem respected the patient's right and did not start an antidepressant when the patient refused it. Dr. Faheem wrote a discharge order promptly on Monday, but her order was not carried out by the nurse.

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In the case of Sandra Stokes, she clearly needed admission for the dangerous behavior, namely leaving oven/stove on, leaving doors open and overdosing, which caused her father serious concerns prompting him to bring her to Baylor Carrollton Hospital. She was recommended to be admitted in a psychiatric hospital after medical cause for her condition was ruled out. After admission, she did not reveal her history of drug use at Mayhill. Dr. Faheem was considering an involuntary stay in hospital upon her request for discharge. She was promptly sent to ER after she fell. She was placed on fall risk at admission which is common practice for patients considered to be fall risk. It is the responsibility of the nursing staff to maintain fall precautions.

In the case of Barbara Meier, she met the criteria of inpatient care due to danger to self based on following facts: severe depression leading to feelings of despair and hopelessness. She was recommended for inpatient care by her PCP who was treating her with an antidepressant but it was not working, she failed outpatient treatment for depression at that time. She was put on fall precautions at admission. She was appropriately given a walker to help her walk and when she fell down she was put on a wheelchair and put on one-on-one precautions meaning one person was to stay close with the patient all the time. Traditionally, someone has to be at least one arm's length from patient all the time during this precaution order. Dr. Faheem respected the patient's family request to transfer patient to Haven Hospital. The patient was ordered transferred to Haven Hospital, and her records were sent to Haven to help her for further care.

Background and Qualifications

I am a board certified psychiatrist; I have been in practice in the DFW area since I graduated from my residency in 2004. After graduating from John Peter Smith Hospital, Fort Worth, I was offered to stay at JPS as an inpatient psychiatrist. Later on, I was offered medical director position at JPS inpatient psychiatric facility and assistant professor at University of North Texas Health Science Center, Texas College of Osteopathic medicine. During my time at JPS, I have taught medical students and residents and helped other psychiatrists to pass their board exams. I have treated hundreds of patients with all major mental illnesses. In February of 2014, I joined Dallas Behavioral Health Care Hospital as medical director of the facility. Currently I am working there as inpatient psychiatrist and medical director. I have 15 years of experience working at inpatient psychiatric facilities. I have worked both in county hospitals and private hospitals. Through my experience, I have helped hospitals to comply with Joint Commission and State requirements to pass their surveys to get and maintain accreditations. CV is attached.

Materials Reviewed

- Plaintiffs' Third Amended Original Petition
- Dr. Faheem's medical and billing records for patients Meier, Hough and Stokes
- Deposition transcript and exhibits for the following witnesses:
 - Dr. Sabahat Faheem
 - Cindy Meier Roeschen
 - Madison Paige Hough
 - Sandra Marie Stokes
- Plaintiffs' four expert reports:
 - Mark J. Blotcky, M.D.
 - Rebecca M.S. Busch
 - Roger Sanders
 - Michael B. Van Amburgh
- Medical records for Meier, Hough, and Stokes as follows:

Barbara Meier

- Accel Rehabilitation Hospital of Plano
- Allegiance Mobile Heath/Allegiance Ambulance/Lone Star Ambulance
- Haven Behavioral Hospital of Frisco
- Hollymead
- Hospice Plus
- Mayhill Hospital
- Medical City of Lewisville
- Schryver Medical Sales and Marketing for its Acquisition Metrostat Diagnostic Service
- UT Southwestern Medical Records

Madison Hough

- Mayhill Hospital
- Medical City Denton
- Sacred Cross EMS
- University of Texas Medical Branch – Galveston
- Rajeev Gupta, M.D.

Sandra Stokes

- Carrollton Springs
- City of Carrollton Fire Department
- Elizabeth Samuel, M.D.

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- Foundation Surgical Hospital of El Paso
- Healthcare Associates of Texas
- Mayhill Hospital
- Medical City Denton
- North Texas Neuroscience and Sleep Center
- Principle Genetics
- Psymed Solutions and Aesthetics
- UT Health Athens – East Texas Medical Center
- Baylor Scott & White Carrollton
- Tomas Factora, M.D.

Opinion

Based upon my background, education, training, knowledge of inpatient psychiatry and my experience working with psychiatric patients, I have the following opinions which I hold to a reasonable degree of medical probability within specialty field of psychiatry.

Madison Hough:

After reviewing all the documents and medical records provided to me, I am of the opinion that Dr. Faheem's care meets standards of practice for her specialty. Ms. Hough clearly had severe and abnormal emotional problems that caused her to decompensate to the point that she was willing to take her own life. Even though she now denies the fact that she was not attempting suicide on March 24th, 2017 in her dorm room, it is very clear that in fact it was a serious attempt on her life. She overdosed on a large amount of ibuprofen. According to the records from the time surrounding the incident, she took 15 to 20 ibuprofens. According to her own deposition, she only shook the bottle of ibuprofen and did not even bother to count the number of pills she was taking. When her friend saw her in such distress, she appropriately called for help. When the Denton Fire Department arrived, she told the EMT that she wanted to hurt herself and she had tried that before. She was transported to Medical City Denton where she also mentions that she can't seem to please her mother, she does not want to bother her parents anymore, and she is tired of letting them down. According to Behavioral Health Assessment at Medical City Denton patient stated, "I have been a problem to my mom and everything I do she is angry at me and disappointed in me and I wanted to solve her problem by not being around."

When asked by Behavioral Health Assessment team, "Tell me why you came to the hospital today," the patient replied, "Because I tried to kill myself." She mentioned she took two handfuls of ibuprofens because she felt like a waste of space. She reported at least one more previous suicide attempt to the staff at Mayhill. Based on this clinical picture her

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admission at Mayhill Hospital, which is a psychiatric facility, from Medical City Denton, which is not a psychiatric facility, for further care and observation was necessary. Dr. Faheem performed a proper psychiatric evaluation on 3/25/2017 in which she found an 18-year-old female clearly in need for inpatient level of psychiatric observation based on intentional overdose of ibuprofen, previous suicide attempt, two years history of depression, feelings of hopelessness, helplessness, loss of interest, sleep disturbance, frequent awakening at night and severe anxiety. Along with these symptoms, she was having ongoing relationship problems with her mother and drug use which put her at high risk of suicide behavior. She identified her friends and roommate as emotionally supportive, and in multiple places in her medical record, she talks about her mother being the one causing her emotional problems and supportive only sometimes. Among other things, psychiatrists make their decisions based on information provided by the patient, review of medical records, and ongoing sources of stress in life, which in this case warranted inpatient level of care.

In subsequent care, Dr. Faheem continued to monitor her progress by direct observation as indicated in her progress note and discharge summary and care coordination with the staff members. The patient was allowed to have visits with her parents. The patient refused antidepressant. She was on some comfort medicines which she never needed during her stay in the hospital.

The patient was offered AMA on 3/26/2017 after visiting her family, but she changed her mind and wanted to see the doctor. On 03/27/2017 at 0900 Dr. Faheem wrote a discharge order. For whatever reason, staff did not follow her orders, which Dr. Faheem is not responsible for. The patient signed a request for release on 3/27/2017 at 1348. Dr. Faheem, in her deposition, said she did not sign the 24 hour hold order. Later that day, the patient eloped from the hospital with the help of physical force from her father.

In summary, Dr. Faheem's care was completely within the bounds of the standard of care. In my opinion, she acted in the best of interest of patient and did not violate her rights. The patient described her level of satisfaction with Dr. Faheem as great on 3/27/2019.

Sandra Stokes:

After reviewing all her medical records available and her deposition, I am of the opinion that on May 14th, 2017, the patient met the criteria of inpatient psychiatric care. I am of the opinion that the care provided to her in Mayhill by Dr. Faheem was appropriate and within the bounds of the standard of care.

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My opinion is based on following facts which are very clear and convincing. The patient presented in Baylor Scott & White Medical Center at Carrollton ER as walk-in with complaints of altered mental status, specifically anxiety, erratic behavior, compulsive internet shopping, leaving oven/stove on, leaving doors open, insomnia, and overdosing on medications. A note states, per the patient's family, her behaviors are not manageable. Per her note, patient has also experienced similar episodes in the past during stressful situations while in graduate school. All these and more are noted in ED physician notes dated 5/14/2017 at 12:44 at Baylor Medical Center at Carrollton. According to the notes, the patient was prescribed a seizure medication called Tegretol by MD Shannon. The patient reported a head injury from a large mirror falling on her head on 4/11/2017. She was evaluated at Baylor ER for that injury. A CT scan during a May 14th visit and previous visits were both normal. The patient admitted to feeling hopeless and worthless. Her reviews of symptoms were negative for dizziness and negative for drug addiction.

After ruling out medical causes of her symptoms, Dr. Kimble made an appropriate recommendation of admitting this patient to psychiatric hospital for further care and stabilization. Patient decided to go to Mayhill Hospital voluntarily.

At Mayhill, the patient was evaluated by Dr. Faheem on 5/15/2017 and diagnosed with major depressive disorder with psychotic features. The patient was prescribed Klonopin for anxiety, Trazodone for sleep, and was put on fall precautions. The patient refused medicine for depression. She denied the history of drug addiction. The patient requested discharge from the hospital on 5/15/2017 at 1130 to the hospital staff, and according to nursing note on the same day, the patient was placed on a 24 hour hold and Dr. Faheem was planning to go to court commitment. Per Dr. Faheem's note from 5/16/2017, the patient reported suicidal ideations. On 5/16/2017, a nurse reported patient was confused and couldn't dial her father's phone number, was acting erratic and shaking and fell to the ground. The nurse attempted to hold her, but she started sliding down and hit the ground and was subsequently transferred to Medical City Denton. She stayed at Medical City Denton for 14 days where a number of tests were done, including a CT of her head, an MRI of head, and lumbar puncture, none of which explained her change in mental status. She had to be in physical restraint to prevent her from harming herself. Psychiatrist Dr. Gary Watts was consulted who started antipsychotic medications and recommended involuntary admission at a psychiatric facility again. Later, with antipsychotic medication, her condition improved and she was found suitable for a partial hospitalization program for which she went to Carrollton Springs Hospital.

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Dr. Faheem was appropriate to accept this patient at a psychiatric facility after the patient was medically cleared in Baylor Carrollton Hospital based specifically on erratic behavior, overdosing on medications, leaving stove/oven on, and leaving doors open at house. These problems clearly indicate patient could not have been managed in outpatient setting. During her stay in the hospital, she denied the history of misuse or abuse of any prescription or illicit drug. She denied that at Baylor Hospital ER too. She also denied to Dr. Faheem and other staff members at Mayhill Hospital. Patient could not have been discharged on 5/15/2017 on her request when her presenting problems were not resolved, in my opinion, any psychiatrist would have considered the option of involuntary stay at that point.

Barbara Meier:

After reviewing available medical records on Barbara Meier, I am of the opinion that the care provided by Dr. Faheem during her stay in Mayhill Hospital was within the standard of care. The patient had a longstanding history of health problems and weakness starting as far as 1997. She was diagnosed with multiple sclerosis in April of 2000 according to a note by Anh Nguyen, M.D. from Accel Rehabilitation Hospital of Plano where she was admitted on 3/06/2014. One of the reasons for admission at Accel Rehabilitation on 03/06/2014, according to notes, was increasing ADL dependence due to underlying state of deconditioning and debility from her multiple sclerosis. According to notes, she did develop diplopia over time, vertigo, ataxia and right hemiparesis, all of which clearly indicate patient was experiencing severe symptoms of multiple sclerosis. She was diagnosed by UT Southwestern Clinic with secondary progressive multiple sclerosis in August of 2013. She was prescribed a walker well before her admission at Mayhill Hospital by UTSW and had multiple falls over the years prior to her admission at Mayhill Hospital.

There is no clinical evidence to suggest that her treatment at Mayhill Hospital caused permanent disability. In my opinion her progressive multiple sclerosis caused her to be wheelchair bound. Notes from UTSW clearly indicate that the patient was chronically noncompliant with medications. She chronically missed one of the most important medications called Avonex for treatment of multiple sclerosis. This medicine is given only once a week, and she and her family were not able to keep up with that. She had multiple falls for years prior to her admission, most likely related to treatment, non-adherence, and progression of MS.

At Mayhill Hospital, she was prescribed a walker due to fall risk. With this serious illness, which is progressive in nature, she developed depression, the severity of which increased to the point of suicidal thoughts. According to her daughter's deposition, "She would

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be in the middle of a crying fit and say stuff like she just would be better off dead." This is prior to her going to Mayhill.

Her PCP, Dr. Chaudry, recommended inpatient psychiatric care and the patient voluntarily came to Mayhill Hospital seeking admission on 12/18/2015. At Mayhill Hospital, a pre-admission exam was done by a telemedicine doctor who based on presenting symptoms admitted the patient. She came seeking help for crying a lot, getting sick and tired of crying, not caring about getting up and doing anything. She signed the consent for admission. Initial labs, including urine analysis, were ordered which was reviewed by Dr. Faheem. All of her home medications were started by the admitting doctor and fall precautions were ordered. It is a common practice to start home medications first to see how a patient's symptoms respond to current medications in hospital setting and then make changes accordingly with symptoms presentation. Psychiatric medications usually are not stopped suddenly due to danger of discontinuation symptoms or rebound symptoms.

Dr. Faheem's psychiatric evaluation indicates that the patient presented with worsening of depression and suicidal ideations. According to therapy note 12/19/2015 at 14:40, the patient was attentive in group as evidenced by eye contact, and she started crying after talking about her grandson. On 12/18/2015, she was talking about using reading as a coping skill. On 12/21/2015 at 14:52, patient was highly engaged in group activity. Also on the same day, she raised concerns about her husband leaving due to her illness. On 12/22/2015 at 14:00, patient reported her "brain is drying up but that's what MS does to you." The patient appeared worried as evidenced by despair in eyes. On 12/22/2015 at 10:50, the patient participated in trivia questions about places based on lyrics including "Where is the yellow rose of Texas?" She was displaying bright affect, engaging in appropriate leisure activity, and sharing personal information. On 12/22/2015 at 16:51, the patient processed her frustration with her children and husband and expressed her desire to cry all the time which indicates patient was alert, participating in treatment process, and progressing.

On 12/20/2015, the patient was found sitting on the bathroom floor with BM around her. When the RN asked if she was hurt, she said no. The patient was encouraged to use a walker which was given to the patient. Her walking cane was taken away due to risk of it being used as a weapon. The patient's husband was notified of the fall. On 12/21/2015, Dr. Faheem ordered a wheelchair because of this fall. In light of the progressive nature of her illness and to avoid the risk of further falls, Dr. Faheem made the appropriate decision to use a wheelchair. Progress note by Dr. Faheem from 12/21/2015 indicates neuro checks q 15 minutes and no neurological deficit was noted.

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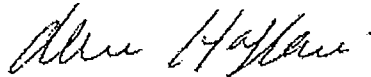
It is to be noted that the patient had a history of multiple falls as noted in files of UTSW prior to her admission at Mayhill Hospital. Patient was evaluated on 5/19/2014 for recurrent fall by Dr. Rakshi Hydari.

On 12/21/2015 at 2050, the patient was found on the floor of her bedroom. She had a knot on her forehead. When Dr. Faheem was contacted, she ordered q 4-hour neuro check and 1:1 observation and patient's spouse was notified.

On 12/22/2015, the patient was transferred to Haven Hospital in Frisco on family's request.

I reserve the right to supplement, amend, or change the opinions set forth in this report as additional information may be supplied including any expert depositions.

Very truly yours

A handwritten signature in black ink, appearing to read "Muhammad Haqqani", written in a cursive style.

Muhammad Haqqani